

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004326

1. Entity Name

PINNACLE REPORTING, INC.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90038 001 ***150.00

Principal Place of Business

Mailing Address

1001 FLAGLER CENTER
505 S. FLAGLER DRIVE
WEST PALM BEACH FL 33401

1001 FLAGLER CENTER
505 S. FLAGLER DRIVE
WEST PALM BEACH FL 33401-5923

2. Principal Place of Business

250 Australian Avenue

3. Mailing Address

250 Australian Avenue

Suite, Apt. #, etc.

1550 Clearlake Centre

Suite, Apt. #, etc.

1550 Clearlake Centre

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

Zip
33401

Country
USA

Zip
33401

Country
USA

4. FEI Number

65-0637268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, JOHN C
1001 FLAGLER CENTER
505 S. FLAGLER DRIVE
WEST PALM BEACH FL 33401

Name

Schneider, John C.

Street Address (P.O. Box Number is Not Acceptable)

250 Australian Avenue

1550 Clearlake Centre

City

West Palm Beach

FL

Zip Code
33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

John Schneider

4/27/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MEAGHER, ANNE E	
STREET ADDRESS	777 S. FLAGLER DRIVE 8TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2001 Palm Beach Lakes Blvd., #300L
CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anne Meagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00
Date

820-9066
Daytime Phone #

CR2E034 (9/99)